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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Fried et al.

Examiner: Nguyen, Cuong Quang

Serial No.: 10/675,625

Group Art Unit: 2811

Filing Date: 09/30/2003

Title: FINFET CMOS WITH NVRAM CAPABILITY

**Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT

Dear Sir:

In response to the Office Action mailed August 24, 2004, please amend the above-identified application as follows:



CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I certify that this correspondence of _____ pages is being transmitted by facsimile to the United States Patent and Trademark Office to: Examiner **Cuong Quang Nguyen**, Art Unit 2811 at facsimile number **703 872-9306** on **November 18, 2004** by Arnette Dodge


(Signature of person transmitting paper)

BUR920010102US2

S.N. 10/675,625

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. BUR920010102US1	
Applicant(s): David M. Fried et al						
Application No. 10/675,625	Filing Date 09/30/2003	Examiner Cuong Quang Nguyen	Customer No. 24241	Group Art Unit 2811	Confirmation No. 6080	
Invention: FINFET CMOS WITH NVRAM CAPABILITY						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9	20	0	x \$18.00	\$0.00	
INDEP. CLAIMS	1	3	0	x \$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0456 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: Nov. 18, 2004			
William D. Sabo, Reg. 27,465 IBM Corporation 1000 River Street, 972E Essex Junction, VT 05452			FILED TO I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 11-18-2004 . (Date)  Signature of Person Mailing Correspondence Arnette Dodge Typed or Printed Name of Person Mailing Correspondence			
cc:						

P11LARGE/REV08